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	Application Number	10/604,		
TRANSMITTAL	Filing Date		June 27, 2003 REC	
FORM	First Named Inventor	<u> </u>	/onteverde	CENTRAL FAX CE
1 Oldin	Art Unit	3622		OCT 1-4-20
de la constitución de la constit	Examiner Name	Jeffrey I	D. Carlson	
(to be used for all correspondence after initial f Total Number of Pages in This Submission	13 Attorney Docket Number	35041-4	100100	
15571575				
	ENCLOSURES (Check all 1	that apply)		
Fee Transmittal Form	Drawing(s)		After A	Allowance Communication to TC
Fee Attached	Licensing-related Papers	1		I Communication to Board eals and Interferences
Amendment/Reply	Petition Petition to Convert to a			d Communication to TC d Notice, Brief, Reply Brief)
After Final	Provisional Application			etary Information
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence A			•
Extension of Time Request	Terminal Disclaimer			Letter Enclosure(s) (please identify
Express Abandonment Request	Request for Refund		below)	. , ,
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Information Disclosure Statement	Landscape Table on Cl			
Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks In the event any fees are neg authorized to debit Deposit A	cessary to account N	o be paid, the lo. 19-1351,	e Commissioner is
SIGNA	TURE OF APPLICANT, ATTO	RNEY, O	R AGENT	
Firm Name Seyfarth Shaw LLP	. 1			
Signature	//			
Printed name Jestoh H. Herron			· · · · · · · · · · · · · · · · · · ·	
Date October 13, 2008		Reg. No.	53,019	
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I hereby certify that this correspondence is t sufficient postage as first class mail in an en the date shown below:	nvalope addressed to: Commissioner to			
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2. EXCESS CLAIM FEE	\$			<u>s</u>	mall Entity
Fee Description				Fee (\$)	Fee (\$)
Each claim over 20 (inclu	iding Reissues)			50	25
Each independent claim of		Reissues)		210	105
Multiple dependent claim				370	185
Total Claims	Extra Claims	Fee (\$)	Fees Paid (\$)	Multiple Depe	
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Indep. Claims	Extra Claims	Fee (\$)	Fees Paid (\$)		
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HP = highest number of independent claims paid for, if greater than 3'

3. APPLICATION SIZE FEE

If the specification and di	rawings exceed 100 s	sheets of paper (excluding electronically fil n size fee due is \$260 (\$130 for small entity	led sequence o y) for each add	r computer litional 50
sheets or fraction thereof Total Sheets Extra Si	See 35 U.S.C. 4) (a neets Numb	a)(1)(G) and 37 CFR 1.16(s). ser of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100 = . OTHER FEE(S)	/50=	(round up to a whole number) x		Fee Paid (\$)
Non-English Specification Other (e.g., late filing sur				60.00

SUBMITTED BY		
Signature	Registration No. 53,019 (Attorney/Agent)	Telephone 312-460-5000
Name (Print Type) Togenh H Herron		Date October 13, 2008

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